

460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Page 1 of

Establishmer	nt name	alie i molyasan taiten peritu e	Telephone Number	Date of Inspection ID#			
New	Ks	Eastery	() Establishment				
Establishmer	nt address	<i>i</i>	() Owner	7/27/23 2015			
1270	الم أ	Emerson Ave	Purpose:	Follow-up Release Date			
Owner	74.	FIREIGN D.2	1. Routine	- Release Date			
Owner				C CYL 1 c			
			2. Follow-up	Summary of Violations:			
Owner addre	ess		3. Complaint				
			4. Pre-Operational				
Person in ch	arge		5. Temporary	CNCR			
	C		6. HACCP				
Responsible	person's er	nail		Many Toro (See heah of page)			
responsible	person's cr		7. Other (list)	Menu Type (See back of page)			
Cartified foo	d bandlar						
Certified foo	Cerr O	af &		12345			
	-	IDENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"				
1		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW AS "R"			
Section #	C/NC		Narrative	To Be Corrected by			
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177	NC	there are fertinal		with any fivel 8/5			
411	MC		in the pitchen	the petchen			
9 1 n	MC	Cigroci Co		The state of the s			
347	140	paper towel is out	at one of the	handsink			
		lay three - boy sint					
1/2	110	Pritchen area down	Nalk-in Coo	Don & Comment			
431	Me.	70000	walk-m Coo	ler & freezer 8/2			
		needs dearing	2 50 0 0 0	1M-1			
			gister area is s				
		The state of the s	ediamical dish	washer is			
297	A/a	Soda nozzle is s	orted	S. And D. Storentlaner Spiran VII			
276	Ne			1. A20.A			
	C	Sanitizer at force		nou fricient			
194	NC	unmarked contains	r at Oven are	a by small			
0111	1/0	Chilst coolers.	and sink at re	2011 212 215			
346	NC	The State of the S		eguter ana 8/5			
399	MC						
		NOTE Oflease clean	titchen area	s sincua			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for co	rection of each violation is specific	
Establishment name Ouv Tuble	Telephone Number () Establishment	Date of Inspection ID# $07/23/23 \qquad 2500$
Establishment address	() Owner	07/27/23 2501
5080 St 135 Borgersville	Purpose:	Follow-up Release Date
Owner	1. Routine	-
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C NC R
Person in charge	6. HACCP	110
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Responsible persons email	7. Other (tist)	Menti Type (See Ouck of page)
Certified food handler		12345
		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARI	RATIVE COLUMNS MARKED "C"	1.00
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
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de violation	dung repetto	Ln
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and the second of the state of	,	I bazardou s Jacous A cricu
		Later of continuit and productive
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	100 mm (100 mm	
Received by (name and title printed):	Inspec	cted by (name and title printed): Aul Blt Fu & H
Received by (signature):	Inspec	cted by (signature):
		une parter
сс:	cc:	
		Page 1 of



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		tation.	requirements		int for correct	ion of each violation is specified		
Establishmer	nt name		shoot goobnix.c	:75		Telephone Number	Date of Inspection	ID#
	P	VP4	i Johns Benta St.	1722	20	() Establishment	7/6/23	595
Establishmer	nt addres	S	1 ,	1	7. /	() Owner	1/6/23	7
4	597	ř.	santa It.	Fran	/Clin	Purpose:	Follow-up Release	se Date
Owner					IN	1. Routine	7	116/23
					IN		Summary of Viola	
						2. Follow-up	Summary of viola	nons.
Owner addre	ess					3. Complaint		
						4. Pre-Operational		
Person in cha	arge		. I			5. Temporary	C O NC	O R
	Minne					6. HACCP		2
Responsible	percon's	omoil	53.31E X				N T (C	7 7 C \
Responsible	persons	eman				7. Other (list)	Menu Type (See	back of page)
C .:C 1.C	1.1 11		3 " " " 1 "		7 11 10 10 10		- Surveyo Surantes,	Const.
Certified foo	handle	r	ISA POU	1			123	45
X.F								
						'E COLUMNS MARKED "C"		
	-		ROM PREVIOUS INSPE	CTIONS ARE	DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	
Section #	C/NC	R				Narrative		To Be Corrected by
	MESTER	rest.	THE RESIDENCE OF THE STATE OF		DATA TOPIN		or ir shalls on	September 1
3 2.011	Hore	27.11	Ma Die Committee	1	Vo viole	ations"	10 (2008) N. R0(0)	20 Total Control
			4.7 OHA 10	110	- 1 BC - 1 -	1, 2 2 2011 8 2 1	In Dalling Space Att	M 2811 0211
	- 11510						TO TUDE	
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		-						III IGA STE SALUE I
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X	d M	2	Me HOL	D/			lerry D. Ba	4 /03/
Received by			0 0000	0		Inspect	ed by (signature):	, /4
x 1-1	Wil	Cle		rel			Tom D &	4/00
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name Papadohn's Establishment address 334 EMEISON Are Greenwe Owner Owner Owner address Person in charge	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 799/23 2141 Follow-up Release Date 715123 Summary of Violations: CNCR Menu Type (See back of page)		
Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAI	RRATIVE COLUMNS MARKED "C"	12_\(\sum_3	_45	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE		N THE NARRATIVE BELOW A	AS "R"	
Section # C/NC R	Narrative		To Be Corrected by	
187 C Cold holding foods - Meats Harown au	a 40°F by during inspection	1 West 16 (2001/07/07)	7/5/23	
431 NC Drains Soiled under	r 3 bay sink + prep	SiNK	7/15/28	
NOTE Keep Cooley doors to hold temp	Closed ALWAYS	and the second s	Salate de la companya	
Received by (name and title printed): Received by (signature):	i Va	ed by (name and title printed) Office Miller ed/by (signature):		
сс: сс:	Jog:	317344431	Page 1 of	



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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Establishment name Polot travel Center Establishment address				() Es	one Number stablishment	Date of Inspection ID#		
Establishmen	nt addres	S		() O ₁	wner		36	
4982	- M	3	50 & whiteland	Purpose:	The state of the s	Follow-up Release Date	The same of	
Owner				1. Routin	ne ³	_		
Owner address			2. Follov	w-up	Summary of Violations:			
Owner addre	ess			3. Comp	olaint			
					perational			
Person in ch	arge			5. Temp	•	C_/_NC_0 R_/		
CISON III CII	arge		Therefore this act has agree to be			C _ NC_C N_	100	
D		:1		6. HACO		75 TT (C. 11. C.	1	
Responsible	person s	emaii		7. Other	(list)	Menu Type (See back of pa	(ge)	
Certified foo	d handla	r				a mare grantesaren eta]	
Cerunea 100	и напине	1				1234	5	
• CRITICAL	ITEMS AT	SE ID	ENTIFIED IN THE CHECKLIST AND N	ARRATIVE COLUMNS M	ARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENO			THE NARRATIVE BELOW AS "R"		
Section #	C/NC		×	Narrative		To Be Co	orrected by	
001	6	×	chemical semitir	er in ma	Derrout a	to 2 - hay sin R	rad	
214	/Italing	100	Chillian Jemilia	21 14 mgu	There a	Cont	201-9	
пакрад	11. (18)	UTILI	w/i soorzasisissa alla se p			mazardo s brods. As mely in		
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		\vdash						
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	-					THE E STATE OF THE		
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Received by	(signature): <	**		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE	l by (signature):		
cc: h	1/1/	-	CC:		cç:	Specific		
CC:			CC.					



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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment address Establishment address Owner Owner Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 7-20-23 234 Follow-up Release Date 7-30-23 Summary of Violations: C NC R Menu Type (See back of page)
Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
430 NC PROOFTIES DU DA CAMAGE AND TREEZER 218 NC BINGLE AND TREEZER 218 NC BINGLE AND TREEZER CAMAGE AND TREEZER CAMAGE AND TREEZER CONTROLLAND TO THE	Actail Clear	STORE SALES SOLES SHOWN SPA SHOWN
Received by (name and title printed): Received by (signature) cc: cc:	Cris	d by (name and title printed); d by (signature);



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Espablishment name	Telephone Number	Date of Inspection	ID#
Penna Hut	() Establishment	7-7-23	2105
Establishmen address 4800 Smith Valley Rd IN 46142	() Owner	11-1-2	2185
14800 Smith Valley Kd IN 46142	Purpose:	Follow-up Release	e Date
Owner	1 Routine	Ves 7-	1707
	2. Follow-up	Summary of Violati	THE RESERVE OF THE PERSON NAMED IN COLUMN 1
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	1	c_1Nc	7 , 1
(Ishley Fligelman Serv Sate	5 Temporary 6. HACCP	require beautiful and a	Labert Val
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
		a para nagahalapa	ayasing
Faith MG Javah In 5/18/24	/	123_V	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAZIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	s "R"
Section # C/NC R	Narrative		To Be Corrected by
303 C Mechanical d	ish mach	ne	Corrected
not sanitizing	after clean	ing	3 Terestensite
295 NC OWALK-UN-COOLE	ogreen sh	elving	7-10-23
Saled	0	0	
(2) Exterior of ref	1	next	
to deep fryersam	and's Soiled		
(3) Treen Shelve	ng Storing		
pinga boxes a	re soiled	0 1 /	
(4) exterior top of	mechanica	l dish	
unit is soiled		00000	
(b) Interior botto	em of ollep.	fryers	Library of the Control of the Contro
431 NC Floors, Walls	COillinos	501000	
the out to	Pain	00000	7-11-23
218 NC Omechanical	dish dinit	door	11
hubs the doo	(Am)	able (on a	listy side
a Telt bottom I	arae pisso	notoon)	7-201-23
rubs the top	metal to	ble	
and rubs the	middle bot	tom	1
Received by (name and title printed):	Inspecto	ed by (name and title printed)	r EHS
Received by (signature):	Inspecto	ed by (signature):	man II
W. Fliaelmans		Drew Mill	U)
сс: сс:	cc:		
			Page 1 of 2

NARRATIVE REPORT

Everywood IN 46142

Eştablish	ment N	am	Address Q	Inspection Date	
	ba	_	ut 4800 Smith Valley Kd	7-7-23	
Section#	C/NC	R	REMARKS		O BE ECTED BY
			door when closing		0-23
		7	3) Beverage Air one door		1
			refrigeration leaks from bottom		
		Ľ	reght hinge		7
430	NC		DHVAC covers near mechanical	7-2	1-23
			dish unit, is peeling paint	·	
			2 Morth exterior gutter leaks		
		<u> </u>	where the squade gutter		
			downspout meets the round		
7.5			gutter downspout		7
324	NC		1 Mos sink faucet Contains	8-7-	-23_
		_	a y-value down Stream from		
		_	The atmospheric vacuum		
		L	breaker. The y-value contains		1
			a nose extending to a wall		-
1120	. 14		mounted chemical dispensar.	7 17	
430	NC	4	Walk-in-cooler mounted	1-11	<u>-23</u>
			cerling bulles contain covers		
		_	(aka blomes) that containe pooled		
		(2	Water Ooler ruling light		
		۲	The state of the s		
	•	3			
		Ğ	and two other lines inside the		
			walk-in-cooler contained diquid		
			condensate		
		14	Tipuid condensate was noted		
			on O electrical conduct near		
			Walk-in-cooler door		
		(5	Liquid condensate was noted		
			at two ceiling wints inside the		
			walk-in-cooler	1	
a04	NC		Liquid condensate was noted	7-7	7-23
			on top a pan of hand tossed play	a	
	<u> </u>	_	dough and one box of warmen	Parmes	san
			Cholese inside the walk-in-cool		ــــــــــــــــــــــــــــــــــــــ
		_			
		_			
Received B	y (Name	& T	tle) Inspected By (Name & Title)	Page _c	2 of 2
	_		andrew Meller, EHS		
State Form 4	₿621\(R2	/ 8-0	5)		



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name	Telephone Number	Date of Inspection	ID#	
Lienwood Pizza King	() Establishment		ID#	
		7/5/23	2668	
5 20 N St. Rd. 135 Greenwood In	Purpose:	Follow-up Releas	e Date	
Owner	1. Routine	7/15/23		
	2. Follow-up	Summary of Violat		
Owner address	_	Cummary of violat	101101	
Owier address	3. Complaint			
D : 1	4. Pre-Operational	0 0 200	2 -	
Person in charge	5. Temporary	C O NC	~R	
one-base and Abalees are southered as the first and	6. HACCP	70 7	1 C	
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)	
Certified food handler				
of Day a Singh		123	45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"			
 VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T 	THE "SUMMARY OF VIOLATIONS" AND	O IN THE NARRATIVE BELOW	AS "R"	
Section # C/NC R	Narrative		To Be Corrected by	
	~		1.1	
295 Ne Walle-in cooles	fun quasa 13	Soiled	7/10/23	
324 NC No hot water a hand sink	t 11 a man's	1 h m 111	QUALIFICATION IN	
324 NC No hot water a	1 the MIETS	100m		
fluing Sinc				
ell acceptor la paragori le fene de la la lei a della		and the of sections		
afinited in as a pulsoid contraction of the last and an area	adata la waranjia	Julia Magazir A. Jahmara	Intresa	
		and a set outers of the	- apdi	
			discount to	
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			Page 1 of/	



460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name Caloba Establishment address 10 4 5 1 R /3 5 Greenwood, 464 Owner Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 2/11/23 2693 Follow-up Release Date Summary of Violations: C		
Certified food handler Exp. 8/12/27		123	45	
MOTE: Soda nozzles (ii) 1, relammend Cleaning W Frod Temper	Narrative Soiled Noor by gril is soil Sint area. cleaning is better. In getting trash releating strift of	out by borek- luring the do	door east	
Received by (name and title printed): Received by (signature): CC: CC:	Ra Inspecte	ed by (name and title printed): Ul Belifery ed by (signature): Ul Belifery	EHS	

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Establishment name	Telephone Number	Date of Inspection	ID#
Wedsun	() Establishment		
Establishment address	Owner	7/6/23	1009
3100 Meridian Pance Dr Greenwood	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	No 7	110123
	2. Follow-up	Summary of Violat	-
Owner address	3. Complaint		
	4. Pre-Operational	A	0 0
Person in charge	5. Temporary	C_NC_	R
The complete of the property of the complete o	6. HACCP	re majorab estado maio	
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
Certified food handler	- in all (16.11.71)	a denier to Translate	
longhu Huang Exp: 2024		123×	5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
295 NC Build up on ice malhe	ne	naudline of raw ingredict	7/6/23
1120 AV 101 VIII 010 010 (100	- 101 \ Jenon	18 Em A separat	7/10/20
430 NC Individual cooler (con Frod at 44187	cawing Trippe	CIVIC IS IMMINED IN LOT	1/10/05
7100,00 7713			10.97
NOTE:			
· Kinse + wash sep	brately,		
- reep cooler by gril	11 9080d	iii. man vin to graband	A STATE OF THE STA
			and any self
and the set materials are represented by the second of the settle of the second		The Particulation of the Parti	i limesava
	T	11-6	1.
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Received by (signature):	Insp	ected by (signature):	unipistake
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		0113101	Page 1 of/



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Establishment name		Telephone Number	Date of Inspection	T vn//		
Establishment hame	FROZEN CSTARD	() Establishment	1 / /	ID#		
Tratablishment a Llean			7/11/23	Z371		
3219 () (ony Lie Ro 46142		F. II D. 1			
Owner	July Cite 100	Purpose:	Follow-up Release	Z1/Z3		
	nozza Cistano		Summary of Violation			
AND DESCRIPTION OF THE PARTY OF	NO LOD WSIAND	2. Follow-up	Summary of violatic	JII5.		
Owner address		3. Complaint				
		4. Pre-Operational				
Person in charge	re soleet is a gradien Render	5. Temporary	C 9 NC 5	C / NC 5 R -		
ALLISON.	STRIEDINGER	6. HACCP	deli orsedino lapur.	r of integral		
Responsible person's email		7. Other (list)	Menu Type (See ba	ick of page)		
Certified food handler	/ / -		1 2 × 3	45		
DUANE STA	42 Exp. 12/26/27					
CRITICAL ITEMS ARE IDE	ENTIFIED IN THE CHECKLIST AND NARRAT					
	ROM PREVIOUS INSPECTIONS ARE DENOTED IN 1	THE "SUMMARY OF VIOLATIONS" AND I		To Be Corrected by		
Section # C/NC R				7/12/23		
394 NC -	OBSEZVED DUMPSIER LA	o OPEN	The ading of the Type	1/12/2		
254 NC	No HERMOMETER 12	REACH-1. FIEEZE	04	7/18/23		
237 20	IN CHEST FREEZERS	12 110-02-00	SCITTICO AN INTIMES - C -	11010		
	72 VACS, 1760 2 100			4		
174 NC -	BULL FOOD ITEMS 1	NOT LABSUSO		7/12/23		
		at Ton		7/18/23		
239 NC -	BELL OBSERVES DAM	nus DIENSIES		110/23		
291 NC -	DIO NOT DBSERVE TO	SE 53.05 Esp	54100000	7/18/23		
ZII NC	yio De Deserve 10	ST STRUPS PORC	CASE THE TOTAL STATE OF THE STA	1111111		
£1 x	man lak kanada a ta ba anta a ta		- United States	red as a prides		
Voice	- No AIRGAD IN PLYM	BIG UNDER 3-B	Ay SISK			
	- MUST BE APPED	IF KITCHEN IS RE	かうかくせの	Energy and		
	- No AIRLAP IN PLYM - MUST BE APPED I - MUST BE APPED	IF BUSIDESS IS a	5000			
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Establishme	nt name		Almot anomics i where et a 1990 and	Telephone Number	Date of Inspection	ID#	
Koots 2 Rise				() Establishment	7/5/22	7	
Establishment address				() Owner	10/63	46	
916 EMain St Greenwood, IN 40143				Purpose:	Follow-up Release Date		
Owner				1. Routine	7/15/23		
				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational		1	
Person in ch	arce			5. Temporary	C NC R		
r crson in ch	arge			6. HACCP	NO INC.		
Responsible	person's	email	Commission of the second second	7. Other (list)	Menu Type (See back of page)		
responsible	persons	Cilian		7. Other (usi)	Wienu Type (See 8	Type (See Duck of Puge)	
Certified food handler					1 2 02	4 5	
					13	_45	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
430	430 NC Display fridge up front @ 41°F food@ 41°F- 42°E - progree repair and lower temp to interne food temp Stays below 41°F					7/10/23	
- prepase repair and lower temp to internal							
Good temp Stays below 41°F							
			V	U			
	-						
		_					
			Ello rittaina ale la	nok giveat,			
Everything else le				JURAVEAL.			
				of Mond ()			
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	- Harris		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Transacti 4	
			and the second s		and the statement		
						I fingupane	
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Received by	(name land	title	printed): Elissa McKep	10 m	ted by (name and title printed WULMILW	y: salansi ti	
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cc:			сс:	ce: (3173464	1369	
						Page 1 of _/	